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mented with a fresh (so to speak) rose, by which the bonnet was to be converted into an Easter creation. The afternoon hour was devoted to this important work. The kitchen door closed, you sat together under the open window, you realizing the full strain of your responsibility with scissors, needle and thread and a clean scrubbing brush with which to brush the crepe, and the intent and anxious owner breathing heavily over your shoulder and watching your every movement through her spectacles. And the pride of completion when the bonnet was tried on before the kitchen looking glass and pronounced with a pent-up sigh of relief to be beyond criticism!

Fellow human soul, learning the lessons we each have to spell, taking the discipline of life as, whether we will or no, we each have to take it, what compensation in the balanced scheme of things did your simple spirit glean in its monotonous surroundings and the daily round of unmitigated drudgery? May the warm recollection of those of us you "trained," as we unconsciously fill our neighbors' kettles, or suffer from other wardmaids sadly different from you, serve as soft pillows to your soul when it earns its rest.

THE CARE OF THE AGED

By JESSIE BREEZE

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THE care of old people requires just as much skill, tact, ingenuity, and patience as the care of children, and perhaps more, because one must keep reminded that old people cannot be treated like children even if childish, and that feebleness of physical and mental powers is not accompanied by forgetfulness of early experiences. A genuine affection, gentleness, sympathy, and imagination sufficient to enable one to grasp the patient's point of view are necessary. A nurse who is not a disciplinarian is more likely to succeed with the majority, and if she has a generous sense of humor she will be saved much mental wear and tear in the complications which are sure to arise. The private duty nurse without a sense of humor must have a hard time, for how else can she get the relaxation she so sorely needs while on duty?

"Senility is a normal phase of existence," and may be defined as a "retarded functioning," occurring comparatively early in life in some people, in others being deferred much longer. The primary cause is arteriosclerosis, which lowers the vitality by diminishing the nourishment to the tissues. As people grow old they need to be gently guided in ways of living that will prevent too rapid changes.

“Many of the diseases of old people are caused by toxic conditions originating in the colon, where putrefaction and fermentation take place; or in the kidneys, as there is a decline in urinary solids with an increase of the toxic products.” “The respiratory capacity is diminished and the secretions of the skin are lessened as is often also its pliability.” Be careful that all the excretions are free, but not alarmed at frequent copious urinations of pale or colorless urine, which are especially common at night with the nervous ones.

Old people are especially liable to several diseases which need not be mentioned except where the prevention or nursing differs from the same conditions in the young. Senile gangrene is very terrible, but it cannot occur if the skin is unbroken. If there is an abrasion, dress it dry and be watchful, reporting, of course, to the doctor the slightest tendency of the tissues to break down. For the prevention of cerebral hemorrhage in those who have recovered from an attack or who seem likely to have one, discontinue the use of alcoholic drinks, restrict the diet, giving less nitrogenous food and very light desserts. Fractures are comparatively common. When the patient has recovered from the shock the doctor is not unlikely to direct that old people with broken legs or hips are to be taken out of bed daily to sit up. Any old person in bed longer than a few days should be carefully cared for to prevent bed-sores. Incontinence of urine is not uncommon and is very distressing, requiring all the ingenuity of a nurse to keep the patient clean and free from chafing. There are many rubber appliances on the market for both men and women, which may help, but eternal vigilance is just as necessary. When old people are sick in bed, change the position often and get them out of bed as soon as the doctor will permit. The aged often recover completely from alarming illnesses where the possibilities seemed small, and they fade away quickly sometimes in what seem only trifling ailments.

Let the rooms occupied by old people (and especially sick old people) be as light and sunny as possible. There may be a protest against the sun at first, but ingenuity and tact will overcome that. The warmth of the sunshine is agreeable; try protecting the eyes and allowing the sun to stream over the patient—it is almost certain to be grateful. Bear in mind that when the present old people were young, darkened sick-rooms were proper and smiling faces were much out of place in them. The smiles are welcome now and so will the sunshine be.

The diet may need a little modifying, as old people can neither digest nor assimilate food as in maturity, nor can they take so much at one time. The foods to be recommended are water (about two quarts

daily), fruits, vegetables, milk, bread and butter, with small quantities of meat and eggs. This gives the kidneys a comparatively small amount of work and lessens the tendency to rheumatism. Tea and coffee may be allowed unless they cause wakefulness or disturb digestion. Tea and coffee are less likely to disturb the digestion if taken without milk or sugar, but if the effect on the nervous system is bad, they should be weakened or omitted. All food should be well prepared, nothing fried nor very rich, but everything of good flavor. As the tendency of nurses is to "regulate" so much as to be dreaded by old people and invalids, the wiser course is to advise little or no change in diet which the patient has not proved to her own satisfaction she is better without. The doctor, whose authority is seldom exercised, can make necessary changes in diet when the nurse's suggestions are scorned.

If digestion is feeble or the appetite poor, it is usually wiser to give the patient small quantities every two or three hours. If feeding is necessary, it should be done slowly to give ample time for mastication, and if the appetite is poor, a little diverting conversation or a gentle coaxing may help.

Sudden and unaccountable sensations of acute hunger are not infrequent. A hot (or cold) nourishing drink with a toasted cracker will usually be sufficient unless the patient eats too little. Care must be taken not to overfeed those with an appetite, as a more or less acute indigestion may result, a bilious attack become manifest, or the blood-pressure be increased to the point of danger. Alcoholic drinks should not be given to old people without the consent of the doctor unless they have always been accustomed to them.

Good teeth are not only desirable but necessary to proper digestion. Natural teeth in poor condition are a source of danger, being the cause of serious diseases of the jaw. An impaired sense of taste is one of the handicaps of old age, usually more noticeable in those having false teeth with a plate. This lack of taste may be so troublesome as to interfere with digestion by causing a sudden ceasing of appetite after a few disappointing efforts to eat.

Properly fitting glasses are a great help in promoting interest in the life about. Reading, sewing, knitting, and card playing are excellent occupations if the patient is able to do any of them. Many old people speak of a troublesome smarting of the eyes, more or less persistent and very annoying. Normal salt solution or weak boric acid solution used with a dropper or eye cup will usually give relief. If not, consult an oculist.

For those hard of hearing, remedies are not so easy. More tact and

absolute frankness of conduct are essential to gain the confidence of the patient. Include the deaf one in all conversations possible and make every effort to promote her happiness—not an easy task, as a rule. There are many recent devices to assist the deaf; some are like a telephone with a small battery to be carried in the coat pocket or inconspicuously fastened to the dress. These are expensive but satisfactory to some, not at all to others. Many old people are not so deaf as they seem. Combined with a less acute sense of hearing is a slower mental action, and for that reason they do not understand.

The sense of touch is less acute in the old, and when this is marked, sewing and knitting become irksome. This numbed sense of touch makes the handling of things uncertain. The skin is frequently cold, and there is a general loss of body heat. Warmer clothing is necessary and somewhat warmer rooms to live in. One or two baths a week are essential to maintain the functions of the skin, but they may be difficult to give to these dear shivering ones. An absolute unchanging regularity is not necessary for every patient, indeed, with some, a little irregularity is wiser. The best time of day for the bath varies with the patient—usually an hour or two before the noon meal or in mid-afternoon for the very feeble ones. The room must be warm, the water warm enough to be comfortable, warm blankets, towels, and hot-water bags or bottles ready for use when the turn of each comes. If the bath is in the tub or a sponge bath is given out of bed, keep a towel over the shoulders and dry each part as it is bathed unless it can be kept under the water. After the bath let the patient rest in bed half an hour or longer, first giving a hot nourishing drink. After the rest, if the patient is still cold and wants more clothing, let it be something which can easily be removed when she is warm.

Washing the hair is a problem with old ladies. The scalp can be kept clean and wholesome with some simple hair tonic, and most old ladies like to have their heads rubbed—it is soothing and diverting. But hair tonic will not keep white hair (not even dark hair) pretty and soft as one likes to see it, so an application of soap and water occasionally is necessary. Do the best you can. A large bath towel pinned about the neck and a large supply of wash cloths for drying the hair may be an acceptable hint. As soon as the hair will not drip, rub the scalp with hair tonic, bay-rum or dilute alcohol. It makes the scalp feel warm and pleasant. Rinse white or gray hair with bluing water, and send up a song of thanksgiving when the task is satisfactorily finished.

When the condition admits it, regular exercise in the fresh air should be taken daily to assist elimination and aid digestion. Massage

can be substituted when exercise is impossible. Good ventilation so supplied as to give no dread of being chilled is another necessity.

The brain suffers from lack of nourishment as well as the other organs, and this accounts for many nervous symptoms, sometimes so bad as to become senile dementia. In the beginning there are increasing forgetfulness and an inability to grasp the correct meaning of things heard and seen. Things heard and seen are confused with things which take place in their minds only, often bringing untold unhappiness.

All old people have their pet comforts, economies, and habits which should be respected as far as possible. Memories and customs of youth seem to return in age to some people. The characteristics common to nearly all are a tendency to tell the same thing many times, and to modify the truth to suit their own peculiar sense of the fitness of things, as children do. A short experience soon convinces one that it is an easy matter to smile at these efforts when it can make no possible difference to any one, and when it does, to briefly and tactfully supply the necessary points to set the matter right in the patient's mind. In fact, be blind, deaf, and dumb to the unessentials, as good mothers are, sure that all will come right in the end.

What does it really matter if they have absurd economies or are unwilling to submit to everything we wish to do for them? Are we not striving to maintain happiness and not to exercise tyranny? What if this dear old lady objects to clean handkerchiefs; will not a crumpled one, changed while she is asleep, answer? Another old lady does not wish her handkerchief given to her unfolded, and the next patient you care for is frigidly injured when you hand her a folded handkerchief. Isn't it distinctly funny? And a nice old man has a horror of the clean towels so dear to your heart! Can you not both be happy with carefully mussed towels?

Old people require less sleep than in youth or maturity, but they become weary easily and without apparent cause. They are apt to drop asleep in a chair if they attempt to read or sew. A half hour or an hour of sleep in the day is usually all that is wise to encourage; more is likely to be followed by a wakeful night. Some old people need a nourishing drink at bedtime every night; others are better to have one occasionally as it seems needed. Hot milk with salt, or salt, pepper, and a little butter, a hot eggnog, hot malted milk, or any agreeable nourishing drink may be given.

Any time of waiting seems long to old people, and wakeful nights are distressing. If a patient is wide awake, restless and full of fears at night, the easiest and quickest way is to have a good light and make a business of diversion after giving a hot drink, hot water bag, and any

other little comforts which are possible. If no doctor is in attendance it may be allowable to give from three to five drops of spirits of camphor in a cup of hot sweetened water.

Some old people are tormented with formication or an exaggerated itching sometimes very difficult to relieve, and which naturally increases restlessness and wakefulness. Bathing with hot water, or salt or soda water, may help. Massage is the only thing which will relieve others. For very hot feet, which occasionally trouble some old people, wet a wash cloth in cool water and wrap about each foot for two or three minutes and pat dry.

The hardest thing in caring for old people is to succeed a well-loved nurse or to relieve her for a vacation. In such a circumstance my last shred of courage faded when taking care of one dear old lady, and I made a joyful escape on the return of the nurse. However, out of that experience there was and still is no little amusement for me. One of her favorite occupations was to rock herself back and forth, sitting bolt upright in her chair, and exclaim over and over for half an hour or longer at a time: "Oh, dear, oh dear, and oh dear, oh dear!" even when I made what I thought were well-directed efforts at diverting her with more entertaining things. One day her wailing was modified by memories of her long, peaceful, and pleasant life, and for an hour or more to the refrain of "oh dear, oh dear, and oh dear, oh dear," she added: "If I hadn't been so good, oh dear, oh dear! I never had a chance to be anything else, oh dear, oh dear! I've always been so protected and so well cared for, and oh dear, oh dear, and oh dear, oh dear! Isn't it awful, oh dear, oh dear!" This was too much, and I was obliged to make a hasty escape in order to recover a properly sober countenance and a calm voice.

HOUSEHOLD HYGIENE

By ISABEL McISAAC

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PLUMBING

IN the construction of a house economy in materials may be practiced in many points without detriment to the household welfare, but the system of plumbing is not one of them. Good plumbing properly installed is very expensive in the beginning, while poor plumbing badly constructed is a constant expense, and a source of danger to the health of the family.